

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

10576654

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/			
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5	/		/			
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TOTAL IND.		↓	3	↓		↓
TOTAL DEP.	←		3	←		←
TOTAL CLAIMS			16			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
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TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	←
TOTAL CLAIMS						